

# Foster Family Home - Corrective Action Report

Provider ID: 1-514986

Home Name: Marcelina Saoit, CNA

Review ID: 1-514986-10

94-585 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/9/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 11/9/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 9/22/2020 and no current result in home binder; APS/CAN lapsed on 9/15/19 and renewed on 10/3/19. CG#2's Ecrim lapsed on 9/9/2020 and no current renewal in home binder; APS/CAN lapsed on 1/7/19 and renewed on 1/13/19. CG#3's APS/CAN lapsed on 6/9/2020 and no current renewal/result in home binder. CG#4's APS/CAN lapsed on 9/27/2020 and no current renewal/result in home binder. HHM#3's Ecrim lapsed on 10/2/2020 and no current renewal/result in home binder; APS/CAN lapsed on 10/8/2020 and no current result/renewal. HHM#4 is without any APS/CAN/Fingerprinting result in home binder.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#2, CG#3, CG#4, HHM#2, HHM#3, and HHM#4 were without evidence of confidentiality and privacy rights training. No completed form seen in home binder.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- CG#1's TB clearance expired on 10/19/19, CG#2's expired on 4/16/2020, CG#4's expired on 10/4/2020, HHM#3's expired on 10/24/19, and HHM#4 is without a TB clearance result in home binder.

# Foster Family Home - Corrective Action Report

**Foster Family Home**

**Client Care and Services**

[11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(b)- CCFFH with 2 private pay clients. Client #1 and Client #2 (Medicaid Pending is considered a private pay) are both private pay clients. Client #1 was admitted on 10/4/2020 and Client #2 was admitted on 2/29/2020.

43.(c)(3)- An unapproved CTA caregiver was delegated by CM RN on oral medications on Client #2.

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No evidence of monthly fire drill performed in the CCFFH for the past 24 months.

**Foster Family Home**

**Physical Environment**

[11-800-49]

49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

49.(b)(1)- No bedside curtain or screen provided for privacy in Client #2 and Client #3's bedroom as the clients share a bedroom.

**Foster Family Home**

**Insurance Requirements**

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH liability insurance policy listed a substitute caregiver who is not currently an approved CTA substitute caregiver.

**Foster Family Home**

**Client Rights**

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a)- No completed Admission Policy and Agreement seen in home binder for Client #1.

53.(b)(9)- No front door seen in Client #2 and Client #3's bedroom.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)-Client #1's Service Plan was without signatures of CMA RN, Client/POA, MD, and caregiver. Client #2's Service Plan expired on 8/29/2020.

54.(c)(5)- Medication discrepancies noted for Client #2 and Client #3.

Client #2- Two medications were not signed since 10/1/2020 thru 10/9/2020.

Three medications were not available that are listed in the Medication Administration Record(MAR) and currently have doctor's orders.

Client #3- Three medications were not available listed in the MAR and have doctor's orders.

54.(c)(6)- No charting or documentation for Client #2's progress notes since 3/1/2020. Client #3 no charting/documentation in progress notes since 9/15/19.

Markel Nakawine, RN  
Compliance Manager

Donna S. Jones  
Primary Care Giver

10/9/2020  
Date

10/9/2020  
Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marcelina Saoit

(PLEASE PRINT)

CCFFH Address: 94-585 Pilimai St. Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1),(2)	CG#1 obtained a current Ecrim and APS/CAN. CG#2 obtained current Ecrim and APS/CAN. CG#3 obtained current Ecrim and APS/CAN. HHM#3 obtained current Ecrim and APS/CAN. HHM#4 obtained a APS/CAN/Fingerprinting. All results were filed in home binder.	10/15/20	CCFFH will set up reminders on phone to schedule due dates 2 months in advance to prevent future lapses.
16.(b) (5)	CG#1 provided confidentiality training and privacy rights to CG#2, CG#3, CG#4, HHM#2, HHM#3, HHM#4. Completed form was filed in home binder.	10/12/20	CCFFH will provide confidentiality training and privacy rights within 10 days of adding a new CG or HHM.
41.(f) (1)	CG#1, CG#2, CG#4, HHM#3, HHM#4 obtained current TB Clearance. All results filed in home binder.	10/20/20	CCFFH will set up reminders on phone to schedule due dates 2 months in advance to prevent future lapses.
43.(b)	Client #2 was transferred by CMA RN to another CCFFH.	10/12/20	CCFFH will not admit more than one private client.
43. (c) (3)	Unapproved CTA GG no longer affiliated with CCFFH.	10/10/20	CMA RN will only delegate approved CTA CG's.



All items that were fixed are attached to this CAP

PCG's Signature: Marcelina v. Saoit

Date: 11/08/20



CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marcelina Saoit

(PLEASE PRINT)

CCFFH Address: 94-585 Pilimai St. Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(3P)(b) (1)Fire	Monthly Fire drill conducted by CG#1.	10/10/20	CCFFH will set up a reminder on phone to conduct a monthly fire drill.
49.(b) (1)	Bedside curtain added in shared Client #2 and Client #3 bedroom.	10/12/20	CCFFH will keep curtain on for client's privacy and rights.
51.(a) (1)	CCFFH liability insurance fixed and removed a not currently approved CTA SCG.	10/15/20	CCFFH will only insure approved CTA Caregivers.
53.(a)	CCFFH obtained Client#1's Admission Policy and Agreement. Completed form was filed in CCFFH binder and a copy given to client/POA.	10/11/20	CCFFH will initiate Admission Policy and Agreement document on the day of client's admission to CCFFH.
53.(b) (9)	Door added to Client#2 and Client#3 bedroom.	10/13/20	CCFFH will keep door on for client's privacy and rights.
54.(c) (2)	Client#1's service plan obtained signatures of CMA RN, Client/POA, MD, and CG. Client #2 current service plan obtained and filed.	10/15/20	CCFFH will remind CMA RN to obtain all service plan signatures within 10 days of CCFFH receiving it.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Marcelina v. Saoit

Date: 11/08/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marcelina Saoit

(PLEASE PRINT)

CCFFH Address: 94-585 Pilimai St. Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (5)	Medication discrepancy was corrected by CMA RN, MD and CG#1 on Client #2 and Client #3 Medication Administration Record(MAR). Corrected MAR filed in client's binder.	10/15/20	CCFFH will double check information on Clients' MAR and will update as needed. CCFFH will contact MD, CMA RN, and or pharmacy if there's discrepancies.
54. (c) (6)	CG# 1 initiated documentation in Client#2 and Client#3's charts/binder.	10/18/20	CG#1 and all caregivers will timely document for each clients as needed and in any major changes of client's conditions.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Marcelina V. Saoit

Date: 11/08/20

☒ CTA has reviewed all corrected items